

Summary Descriptions of Elements of “Best Practices” Promoted and Implemented by AWARE-RH

Summary descriptions of AWARE-RH Best Practices

MNH1: Maternal and Neonatal Health

Community to Facility Continuum Model for Emergency Obstetrical Care

SUMMARY DESCRIPTION: AWARE-RH is promoting a community-to-facility model for emergency obstetrical care (EOC) as a « promising and best practice » in West Africa. This is based on evidence from a project in Burkina Faso as well as other Africa countries, including Tanzania and Zambia.

The model includes:

- ◆ Behavior change communication with the objective of changing the attitudes of the communities and improving their knowledge on warning signs for complications during pregnancy and where to seek services.
- ◆ Social mobilization to help communities' better plan for and support women to seek emergency obstetrical services and assisted deliveries by trained providers. Such plans include provision for transport and financing of emergency medical evacuations.
- ◆ Clinical training and provision of equipment to improve skills and knowledge of service providers.

MNH2: Maternal and Neonatal Health

Focused Antenatal Care including Malaria in Pregnancy

SUMMARY DESCRIPTION: AWARE-RH is promoting focused antenatal care, including attention to malaria in pregnancy, as a “promising and best practice” in West Africa.

The traditional approach to antenatal consultation in much of Africa is based on risk assessment. However, numerous studies have demonstrated that all pregnancies and deliveries should be considered “at risk,” whether or not a specific problem has been identified. Given this evidence, AWARE-RH promotes an approach to antenatal care which assumes that all pregnancies are at risk, and that antenatal care should emphasize quality rather than the quantity of consultations. This approach is called “focused antenatal care.”

Key components of this model include:

- General assessment of the pregnant woman including her pregnancy status, syphilis and HIV
- Response to observed signs or volunteered problems
- Preventive measures including immunizations and antimalaria drugs
- Developing a birth and emergency plan
- Counseling on family planning

MNH4: Maternal and Neonatal Health

Integration of Post-Abortion Care into Routine Maternal Care Services

SUMMARY DESCRIPTION: In Sub-Saharan West Africa in general, and in West Africa in particular, there remain significant unmet needs in reproductive health. Numerous programs have been undertaken to increase the range of services offered. Among these, post-abortion care (PAC) is of particular importance, given the high rate of maternal mortality. Provision of PAC also leads to improved overall integration of maternal health programs.

The key components of the PAC model AWARE-RH is promoting are:

1. Quality clinical management of the complications of abortions
2. Family planning counseling and services if needed
3. Referrals for other reproductive health needs

FP1: Family Planning

Development of National Norms and Standards for Family Planning

SUMMARY DESCRIPTION: International interest in family planning has decreased significantly in the last decade, with a consequent decrease in contraceptive prevalence rates in several countries and negative effects on African women's health. Given this situation, AWARE-RH collaborated with numerous partners to organize a "Repositioning Family Planning" Conference in Accra in February 2005. One result of the conference was an action plan which will be supported by different partners in the coming years.

One key step in repositioning FP is the development of norms and standards for family planning. Norms and standards provide the regulatory and policy framework for provision of FP services. They are evidence-based and designed to increase access to services by removal of medical barriers. The AWARE-RH Project promotes the development and where applicable updating of FP norms and standards in the region.

FP2: Family Planning

Revitalization of Intrauterine Devices and other Long Term/Permanent Methods

SUMMARY DESCRIPTION: Contraceptive prevalence is very low in West Africa, in part due to underutilization of long-term methods such as the intrauterine device (IUD). AWARE-RH is promoting use of the IUD and other long-term methods, where appropriate, because it is a practical, feasible, and affordable non-hormonal method. Rumors and misinformation are some of the main reasons for the low use of IUD. AWARE is promoting the use of IUDs through a model that includes the following elements:

- Needs assessment to identify the main causes for the low use of IUD
- IEC campaign to address rumors and misinformation
- Clinical training to improve the skills of providers and quality of IUD and other family planning services

FP3: Family Planning

Use of Social Franchising in Reproductive Health/Family Planning

SUMMARY DESCRIPTION: AWARE-RH is promoting the best practice of Social Franchising of RH health services. Franchising is a mechanism for replicating a proven business strategy that is based on the concept of minimizing start-up time and costs and economizing on scarce entrepreneurial talent. A franchise consists of one entity granting legal permission to another entity, either public or private, to sell a product or to use a trademark or a technology to produce and sell a particular good or service. The entity granting the permission is the franchiser and the entity being granted the permission to use the product, trademark, or technology is the franchisee. Franchising is well known in the business world but less well known in the non-profit domain. This “social franchising” seeks to apply the principles of business franchising to the health domain. Programs such as Gold Star, Green Star and Gold Circle have sought to franchise public health clinics into quality networks, but private providers’ clinics and offices have not benefited from application of social franchising. The AWARE-RH Project will assist private practitioners to improve quality of services in their clinics and then will help them market their services using a brand. Specific steps to be undertaken include:

- The standardization of the procedures and protocols
- The contraceptives products supply centralized
- The annual contributions of members (the contributions of members vary from a country to another and are used to finance the organization of the consultation meetings of members of the network and to motivate the members more efficient)
- The continuous training and the control of the quality
- A federator logo which symbolizes the membership of the network

FP4: Family Planning

Integration of FP messages into HIV Prevention messages

SUMMARY DESCRIPTION: One of the most important ways to increase contraceptive prevalence is to adhere to the concept of “no missed opportunities”. One of the main barriers is getting clients to come into clinics for care, because physical, financial or sociocultural access to health services may be problematic. Once clients are at service delivery points, we must try to address as many of their needs as possible. In addition, it is imperative that persons living with HIV/AIDS understand their FP needs and have access to methods for spacing and limiting births. For this reason, the AWARE-RH Project has adopted as one of its best practices the integration of FP messages into HIV prevention messages, and provision of FP services into service sites for VCT and STI treatment. Working closely with the AWARE-HIV/AIDS Project, AWARE-RH will develop messages to promote FP for VCT centers and peer educators working on HIV prevention programs. In addition, we train providers to counsel for and deliver FP messages while providing VCT and HIV treatment.

FP5: Family Planning

Community-Based Distribution of Family Planning Methods

SUMMARY DESCRIPTION: AWARE-RH is promoting community-based distribution (CBD) of family planning methods as part of its overall approach to repositioning family planning in West Africa.

Community-based distribution is the use of non-professional local distributors to provide family planning methods, usually condoms, pills, and spermicides, and the referral for other family planning services. AWARE-RH is promoting this promising practice based on the conviction that provision of family planning methods at community level increases access and acceptability of family planning, especially in rural areas where health care infrastructure is weak.

Based on evidence from programs in the region, AWARE-RH is promoting the following key elements for successful of CBD programs:

- Appropriate selection of distributors who should have a good standing in their community, should be literate, and should be users of a family planning method.
- Acceptable size and location of catchment area in order to avoid long travel distances that can lead to agent dropout or poor utilization of services.
- Establishing a calendar for visits of clients at homes or for agent presence at recognized outlet or supply depot in the community.
- On-the-job training including refresher courses.
- Appropriate and regular supervision.
- Appropriate compensation mechanisms for CBD agents.
- Regular supplies of contraceptive products.
- Development of clear goal and monitoring of achievements.

CS1: Child Survival

Community Case Management of Malaria and Acute Respiratory Infections as part of Integrated Case Management of Childhood Illnesses

SUMMARY DESCRIPTION: AWARE-RH is promoting community case management of malaria and acute respiratory infections as part of an overall Community Integrated Management of Childhood Illnesses (C-IMCI) approach to improving child health. C-IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities. This practice has been implemented in several countries including Benin, Guinea, Niger and Senegal. The core IMCI intervention is integrated case management of the five most important causes of childhood deaths in West and Central Africa – acute respiratory infections (pneumonia) 21%, malaria 25%, diarrhoea 20%, measles 4% and malnutrition associated with 54%. Given the specific threat of pneumonia and other acute respiratory illnesses as well as malaria to children in West Africa, AWARE-RH is focusing its on improving the community case management of acute respiratory infections and malaria.

The model encourages health authorities in selected countries to sensitize community leaders to select community health workers that can be trained to assess sick children for signs of pneumonia and malaria; administer the proper doses of antibiotics and anti-malaria drugs; counsel parents on how to follow the recommended treatment regimen and provide supportive home care; and follow-up sick children and refer them to a health facility in case of complications.

SF1: Sustainable Financing

Mutual Health Organizations (Community-based health financing)

SUMMARY DESCRIPTION: AWARE-RH is promoting the inclusion of a full range of reproductive health services into Mutual Health Organizations (MHOs), community-based health financing schemes. CBHF schemes are a form of insurance: they allow members to pay small premiums on a regular basis to offset the risk of needing to pay large health care fees upon falling sick. However, unlike many insurance schemes, CBHF schemes are typically based on the concepts of mutual aid and social solidarity. CBHF schemes may develop around geographical entities (villages or districts), trade or professional groupings (such as trade unions or agricultural cooperatives), or health care facilities. CBHF schemes are typically designed by and for people in the informal and rural sectors who are unable to get adequate public, private, or employer-sponsored health insurance.

MHO benefits packages depend on local resources, needs, and availability of services. Some MHOs focus on primary health services and offer limited coverage for hospital care, while others begin with hospital care and later expand into primary health care coverage. AWARE-RH is currently promoting the expansion of the package of services in existing MHOs to include a full range of reproductive health services, including maternal care (including pre- and post-natal care), family planning, vaccinations, ambulance services, hospitalization, laboratory tests, and education on RH health issues. In certain locations, AWARE-RH will also promote coverage of other costs incurred in the seeking of RH health care, such as transport and medication, which can otherwise be major barriers to care.

SF2: Sustainable Financing

Use of National Health Accounts for Decision-Making

SUMMARY DESCRIPTION: National Health Accounts (NHA) are an internationally recognized framework that tracks the use of total health care expenditures – public, private [including household] and donor – in a country. NHA are designed specifically to assist policy-makers in their efforts to understand health systems and to improve health system performance.

An NHA exercise answers questions like: Who in the country finances health services? How much do they spend? On what type of services? How are funds (including donor funds) used across different health services, interventions and activities?

The primary objective of NHA is to use expenditure information to contribute to evidence-based policymaking. The expenditure data is presented in a standard set of tables (WHO Classification Tables) intended for use by country policymakers and other stakeholders including donor representatives.

The tool has received worldwide acceptance from countries and endorsement from WHO, the World Bank, USAID and the Swedish International Development Cooperation Agency.

AWARE-RH is assisting governments in the region to collect and analyze health expenditure data, and will assist them in using the data for rational decision-making.

SF3: Sustainable Financing

Assure Availability of Maternal and Neonatal Health, Family Planning, Child Survival, and Malaria Commodities through National Commodity Security Plans using SPARHCS

SUMMARY DESCRIPTION: AWARE-RH is promoting sustained availability of maternal and neonatal health (MNH), family planning (FP), child survival, and malaria commodities through development and implementation of National Commodity Security Plans. A National Commodity Security Plan (CSP) is a strategy developed by a commodity security committee of multisectorial, multi disciplinary stakeholders at the country level to create the condition where people can reliably chose obtain and use contraceptives and other drugs when they need them. AWARE is using the SPARHCS approach as a best practice to develop the CSSP.

SPARHCS is a consultative process through which a wide range of stakeholders:

- Establish and maintain multisectoral commitment to reproductive health commodity security by raising awareness of and support for it as a public health objective.
- Conduct a multisectoral, joint diagnosis of a country's reproductive health commodity security status.
- Identify factors that limit or enhance the prospects for reproductive health commodity security.
- Process those findings to reach consensus on priorities for improving reproductive health commodity security.
- Develop a comprehensive, multipartner strategy and action plan for reproductive health commodity security that is evidence-based, fundable and feasible.
- Facilitate strategy implementation and guide ongoing monitoring and evaluation of results.

SF4: Sustainable Financing

Promote Corporate Social Responsibility (CSR)

SUMMARY DESCRIPTION: The AWARE-RH Project promotes a model of Corporate Social Responsibility for reproductive health care that includes both provision of health care services to employees of that business and their families and provision of services for the community surrounding the business. AWARE-RH will work with national and multinational corporations to promote CSR programs. Where feasible, we will assist in connecting these corporations with technical assistance agencies.

SUMMARY DESCRIPTION: AWARE-RH is promoting a full model of maternal and child health services including community-to-facility model for emergency obstetrical care (EOC) as a « promising and best practice » in West Africa. This includes focused antenatal care that assures that a woman is fully prepared for delivery and care of her new born child with attention to malaria in pregnancy.

The model includes:

- ◆ Behavior change communication with the objective of changing the attitudes of the communities and improving the knowledge and skills of service providers in managing normal and complicated pregnancies and deliveries.
- ◆ Social mobilization to help communities better plan for and support pregnancies and safe deliveries. Such plans include provision for transport and financing of emergency medical evacuations.
- ◆ Clinical training and provision of equipment to improve skills and knowledge of service providers.

AWARE-RH DISSEMINATION(S): In June 2003 in Nouakchott, Mauritania, AWARE-RH collaborated with UNICEF, UNFPA, and WHO to conduct a regional workshop on selected best practices in maternal, neonatal and child health. Representatives of 13 West and Central African countries participated in the workshop.

In October 2004 in Harare, Zimbabwe, AWARE-RH collaborated with WHO/AFRO in the organization of a Task Force meeting in which best practices in emergency obstetrical care were presented.

In July 2004, WHO supported a follow-up dissemination workshop on maternal health for MNH « focal points » from Francophone countries at Ouiddah, Benin. At about the same time, WHO held another dissemination workshop in Johannesburg, South Africa, for Anglophone « focal points ».

AWARE-RH REPLICATION: In the year 2005, in Cameroon, AWARE-RH collaborated with UNICEF, the USAID-financed ACCESS project, and the regional NGO, Mwangaza to start the process of replication of this model in N'gaoundere district. After initial discussions, in June 2005 the partners provided clinical training for 20 service providers from various facilities in the district, including the district and provincial hospitals as well as the health centers that refer patients to those hospitals. During the same period, AWARE-RH supported Mwangaza to undertake BCC and other social mobilization activities.

In Mali in 2005, AWARE provided TA to UNICEF and the Ministry of Health to train service providers in focused antenatal care in the Koulikoro region. In March 2006, PLAN/Togo, after discussions with AWARE, decided to replicate the full model for which a needs assessment was carried out in April 2006. Training of providers is planned for later 2007. To facilitate uptake and adoption of the practice, Mwangaza will continue to do social mobilization activities in Mauritania, Cameroon and Niger before the beginning of the program in Togo. Mauritania has a mutual called "Forfait Obstetrical" to pay for Emergency Obstetrical Care. Mwangaza will continue to conduct Social Mobilization activities to facilitate the adoption process.

in 2005 and 2006, in collaboration with CEFORP and the Ministries of Health in Chad, Mali, Togo and Guinea Bissau, AWARE initiated replication of PAC services by conducting a needs assessment in these countries and trained service providers who are currently providing PAC services in all four countries.

Again in 2005, AWARE-RH collaborated with partners in Mauritania to initiate replication in Kaedi in the Golgol region. The first clinical training was conducted in November 2005 in Kaedi and the second is scheduled for May 2007 with candidate-trainers trained in Ouagadougou. This cadre of staff constitutes a resource to be used to extend the program across the country. Currently, deliveries conducted by the trained mid-wives in all centres employ the skills taught them to prevent post-partum hemorrhage. AWARE, working together with the MOH and UNICEF, plans to harmonize all existing MNH materials in the country after the pending May 2007 elections.

To scale up the replication in more countries AWARE, in October 2006, organized a training of trainers in MNH in Ouagadougou for four countries: Niger, Togo, Cameroon and Mauritania

Together with UNICEF and ACCESS, AWARE organized a needs assessment in Maradi Region, Niger in March 2006. The training of Providers is scheduled for March 2007.

AWARE, working with UNICEF and the MOH, have developed plans to add mutuelle activities at the replication site in Ngaoundere, Cameroon.

DOCUMENTATION AND REFERENCES:

AWARE-RH Documentation:

AWARE-RH has obtained a CD-ROM with full documentation on its recommended MNH promising and best practices.

OTHER References

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AWARE-RH BEST PRACTICE: CS1 – Child Survival

Community Case Management of Malaria, Acute Respiratory Infections, Diarrhea and malnutrition as part of Integrated Case Management of Childhood Illnesses

SUMMARY DESCRIPTION: AWARE-RH is promoting community case management of malaria, acute respiratory infections, diarrhoea and malnutrition as part of an overall Community Integrated Management of Childhood Illnesses (C-IMCI) approach to improving child health. C-IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities.

AWARE-RH has collaborated with WAHO and WHO to document and disseminate lessons learned from successful C-IMCI programs in Benin, Guinea, Niger and Senegal. The core IMCI intervention is integrated case management of the five most important causes of childhood deaths in West and Central Africa – acute respiratory infections (pneumonia) 21%, malaria 25%, diarrhoea 20%, measles 4% and malnutrition associated with 54%. AWARE-RH provides technical assistance and training to health care providers in selected countries in West Africa to improve their accurate identification of childhood illnesses in outpatient settings, ensure appropriate combined treatment of all major illnesses, strengthen the counselling of caretakers, and speed up the referral of severely ill children.

Given the specific threat of pneumonia and other acute respiratory illnesses as well as malaria, diarrhea and malnutrition to children in West Africa, AWARE-RH encourages health authorities in selected countries to sensitize community leaders in selecting community health workers that can be trained to assess sick children for signs of pneumonia, diarrhea and malaria; select appropriate treatments; administer the proper doses of antibiotics, anti-malaria drugs, rehydration and administration of Zinc; counsel parents on how to follow the recommended treatment regimen and provide supportive home care; and follow-up sick children and refer them to a health facility in case of complications.

In the West Africa region, the Senegalese Ministry of Health, the Senegalese NGO Canah, UNICEF, and USAID, through the Basic Support for Institutionalizing Child Survival (BASICS) and Rational Pharmaceutical Management-Plus (RPM-Plus) projects, initiated a pilot program of community management of pneumonia in four districts in Senegal. The strategy includes provision of cotrimoxazole for acute respiratory illness among children under 5, where the cotrimoxazole is prescribed by community-based non-medical health workers. The approach is predicated on the existence of a strong training, supervision, and referral system to support the community workers. Results have shown that 97% of pneumonia cases were treated by the community health workers and 85% of severe cases referred to the next level. In April 2005, AWARE-RH sponsored a regional consultative meeting in collaboration with WAHO, UNICEF, and several USAID projects (BASICS, SARA, and CORE) to discuss the Senegal experience and develop a regional strategy to integrate community management of pneumonia into a broader C-IMCI approach in the region.

AWARE-RH DISSEMINATION (S): AWARE-RH has disseminated the combined C-IMCI and ARI approach through two main events. In September 2005 in Brazzaville, AWARE-RH consultant Pr. Guelaye Sall presented a paper entitled *Documentation PCIME C: Leçons apprises, Benin, Guinée, Niger et Sénégal* (full reference below) at the 3rd Annual Meeting of IMCI Focal Persons attended by representatives from 22 English and French speaking countries in Africa. Dr. Sall was also a lead contributor to the analysis and presentation of the Senegal experience by the Senegalese Ministry of Health at the same conference.

In April 2005 in Dakar, in collaboration with WHO, UNICEF, WAHO, and several USAID projects (SARA, CORE, BASICS III), AWARE-RH organized a Regional Consultative meeting on Community Case Management (CCM) of ARI to review the Senegal experience. The objective of the meeting was to identify lessons learned from implementation, develop a consensus on the approach needed to introduce

community case management of childhood illness in the region, and prepare for regional scale-up. Approximately 28 representatives from the Senegalese Ministry of Health, international organizations (WHO, UNICEF, WAHO), USAID projects, and USAID missions in Benin and Mali attended the meeting. The Consultative Group identified areas for regional action to stimulate, facilitate, and support interest and development of CCM at country level:

1. Carry advocacy activities for CCM to stimulate interest in West Africa
2. Organize consultation on CCM among selected countries
3. Identify partner/catalyst(s) to support selected countries
4. Document and disseminate success stories and tool
5. Capacity development for country CCM policy dialogue and implementation
6. Activities for resources mobilization at regional level
7. Partner communication for joint advocacy

AWARE-RH staff and consultants continue to disseminate information on this important approach to decreasing childhood morbidity and mortality during country-specific needs assessments, technical trainings, and other venues.

AWARE-RH REPLICATION (S): In August 2005, in collaboration with WHO and UNICEF, AWARE-RH has initiated the replication of Community Case Management of ARI, Malaria, diarrhea and malnutrition as part of C-IMCI in Niger. Plans are to incorporate provision by community health workers of cotrimoxazole for ARI, the combined therapy for malaria, the ORS new formula and Zinc for the treatment of diarrhea into an on-going C-IMCI program with strong supervision.

AWARE-RH led the preliminary visit to advocate and identify partners for the replication activities. The district of Madarounfa has been selected; AWARE-RH conducted an advocacy visit to ensure the community ownership of the strategy, develop training materials and management tools. 14 administrative, religious leaders and civil societies have signed a commitment letter in support of AWARE-RH and other partners effort in the replication of community case management of childhood illnesses. 15 trainers including 10 Chiefs of integrated centers (CSI), 5 technical staff of District Health Team and 75 CHW were trained in Madarounfa from February to June 2006. Following AWARE-RH experience, about 135 CHW were trained by UNICEF in 5 additional districts in January 2007.

Results of the follow up visit in February 2007 to assess the performance of the CHW have shown the following: Two teams visited 25 health posts CHW (13 at Madarounfa and 12 at Matameye), observed few of them managing cases when available, and interviewed 110 caretakers (62 at Madarounfa and 48 at Matameye) using questionnaires and checklist developed. 100% of health posts are equipped with timers, scale and essentials drugs (cotrimoxazole, ORS and Zinc). 69% of CHW in Madarounfa and about 85% in Matameye performed a correct assessment, classification and treatment of a case. 73% of caretakers in Madarounfa and 54% in Matameye know about at least 2 danger signs in sick children; in addition 98% of caretakers in Madarounfa and 88% in Matameye know how to administer the drug prescribed; 89% of caretakers in Madarounfa and 68% in Matameye respect the return visit to the health post. In 6 months, 5 supervision visits were completed in Madarounfa (about one a month, the recommended periodicity). In addition to the health post built by the government, the community has added rooms for the CHW residence, guest, fence and latrines. In February 2007, AWARE-RH has successfully identified and developed replication plans for scaling up with 4 NGOs in Niger (HKI, Plan International, Save the Children UK and MercyCorps).

DOCUMENTATION AND REFERENCES: AWARE-RH has prepared one key report on incorporation of CCM ARI into C-IMCI in West Africa: **Prise en Charge Intégrée des Maladies de l'Enfant au Niveau Communautaire (PCIME-C) Documentation de la Mise en Oeuvre au Bénin, en Guinée, au Niger et au Sénégal**, Mai 2005, OMS/AFRO, OOAS/WAHO AWARE-RH.

Additionally, AWARE-RH is in the process of synthesizing for wider distribution **La Prise en Charge des Infections Respiratoires Aiguës au Niveau des Cases de Santé par les Agents de Santé Communautaires**, November 2004 Rapport Final written by Pr Guelaye SALL, DANSE; Dr Assane SYLLA, Chaire de Pédiatrie; Dr El Hadji Babacar GUEYE, UNICEF; Dr Cheick Saad Bou SARR et Mr. Djiby NDIAYE, BASICS II.

Additional information on C-IMCI and CCM ARI can be found at the WHO website, specifically:

www.who.int/child-adolescent-health/integr.htm whqlibdoc.who.int/hq/2001/WHO_FCH_CAH_01.15.pdf, and whqlibdoc.who.int/hq/2002/WHO_FCH_CAH_02.16.pdf.

Additional background references include:

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2. Jones 2003: How many child deaths can we prevent this year? Lancet 2003; 362: 65–71 page 66
3. WHO/UNICEF Joint Statement, “Management of Pneumonia in Community Settings May, 2004
4. Bulletin WHO Dec2004 IGOR RUDAN: Global estimate of the incidence of clinical pneumonia among children under five of age
5. Bulletin WHO Dec 2004: SIMINSON G: The anti-microbial resistance containment and surveillance approach-a public health tool
6. Final Report to CIDA: Accelerating Child Survival & Development – A Results-based Approach in high under-5 mortality areas – May 2005 page 33– UNICEF.

AWARE-RH BEST PRACTICE: Sustainable Financing

SUMMARY DESCRIPTION: Health services are limited in many parts of Africa. Where they do exist, the public is often unable to afford them. Governments are rarely able to provide free health care to their citizens. While some individuals may be covered by formal health insurance, most, especially in rural areas, are left with few to no options when it comes to paying for health services. Without these options, countless families and individuals cannot get the help they need, and may face untimely death and immeasurable suffering.

The AWARE-RH project is interested in promoting health care reform in West and Central Africa. In this vein, the project assists in the development and promotion of MHOs in this region. In November 2004, AWARE-RH attended a Forum in Mali where it presented best or promising MHO practices to 389 participants from 25 countries in Central and West Africa. One of the best practices presented described a successful coupling of micro-financing (savings) and health financing in Rwanda and Senegal. Following this forum, the non-governmental organization Service of Support to Local Initiatives of Development (SAILD) from Cameroon expressed a keen interest in replicating this best practice of integrating a health finance component into already existing community saving schemes. Subsequently, in March 2005, AWARE-RH visited SAILD and conducted a feasibility study in three districts in western Cameroon - Bangoua, Bameka, Galim and Bati.

Integrating health financing into well-established micro-finance organizations is a unique way to bring health care financing to many communities. By coupling these two, there are some key benefits:

1. Money contributed to the MHO can be used by the savings branch for giving out loans, which will bring in more interest for both the savings institution and the health financing scheme
2. Given that they will be managed together, the MHO can benefit from the knowledge and experience of the savings association
3. Insurance premiums can be deducted directly from someone's savings account
4. Individuals may even take a loan from the savings association to pay their insurance premium in full for a whole year (which is cheaper than paying in monthly installments).

This coupling of micro-financing and MHO's illustrates an original way to use credit and savings associations to improve health care in a community, something that has not been done previously. Health care coverage benefits not just those people who may have savings in the bank, but the community at large. This is an innovative best practice whose replication can improve the lives of many rural poor, by providing them with the financial means to access services.

This initiative has made the dream of health care a reality for thousands in Cameroon. Since the launch of these initiatives in August 2005, 2,883 individuals have joined the MHOs in these districts of Cameroon. Members pay a premium ranging from 360 FCFA (0.66 USD) to 480 FCFA (0.88 USD) per person per year, and 70% to 100% of the cost of certain services, including medical consultations, surgeries, delivery and ante and postnatal care, are covered.. Through the support of MHO's best practice in Cameroon, AWARE-RH has been able to increase access to health services and improve the lives of many people.

This experience is being replicated in other provinces of Cameroon with SAILD partners like WSM and AMNC from Belgium.

AWAARE-RH DISSEMINATION: The Rwanda case study was one of several disseminated at the Concertation Forum held in Bamako November 17 – 19 2004. 389 participants from 25 countries attended this meeting.

AWARE-RH BEST PRACTICE : SF Sustainable Financing

Mutual health Organizations that cover MNH, FP, CS, and MA with particular attention to vulnerable populations

SUMMARY DESCRIPTION: L'Afrique fait partie des continents où la mortalité maternelle et infantile est la plus élevée au monde et pour apporter une solution à cette situation de nombreuses initiatives ont été développées ces dernières années dans plusieurs pays de l'Afrique de l'Ouest. Parmi celles-ci on peut citer les mutuelles de santé pour la prise en charge des risques liés à la grossesse et à l'accouchement (MURIGA) développées depuis de nombreuses années en République de Guinée avec le soutien de l'UNICEF, UNFPA et de la Banque Mondiale.

Ces mutuelles de santé regroupent les femmes en âge de procréer de plusieurs villages d'un même district sanitaire qui paient chacune une cotisation annuelle qui sert à couvrir les dépenses de santé en cas de besoin. La gestion de ces mutuelles de santé est confiée à un bureau choisi par les membres. Les prestations couvertes par ces mutuelles de santé sont : la CPN, CPON, PF, l'évacuation sanitaire et les accouchements compliqués. Elles contribuent de ce fait à une réduction significative de la mortalité maternelle et infantile dans les zones où elles existent.

AWARE-RH DISSEMINATION(S): Cette bonne pratique a été disséminée lors d'un atelier organisé à Nouakchott par UNFPA et AWARE-RH sur la réduction de la mortalité maternelle et infantile en Avril 2004. Au Forum 2004 de la Concertation tenu à Bamako et qui a regroupé 389 participants provenant de 25 pays, cette expérience a été également diffusée par les participants de la Guinée.

AWARE-RH REPLICATION(S): AWARE-RH est entrain de répliquer cette bonne pratique au Burkina Faso et au Niger en élargissant le paquet de bénéfices et la base sociale en y associant d'autres couches de la société.

Au Burkina Faso, le processus de réplication a démarré en avril 2005 et la mutuelle de santé a été mise en place en Octobre 2005. Les partenaires de AWARE-RH sont le Réseau d'Appui aux mutuelles de santé du Burkina Faso (RAMS/BF) et l'Union provinciale des Femmes de Tanghin Dassouri. Plusieurs activités ont été développées depuis la mise en place de la mutuelle de santé notamment la mise en place des organes de la mutuelle, les activités de formation des responsables et des prestataires de soins, la négociation et la signature des conventions de prestations de soins. A ce jour **1286 bénéficiaires en majorité de femmes** sont couvertes par la mutuelle de santé au niveau des 19 villages et 6 secteurs que compte la province du Kadiolo.

Au Niger, la mutuelle de santé a été mise en place dans la commune de Loga en Avril 2006 et les partenaires de AWARE-RH sont la Cella d'Appui aux Mutuelles de santé (CADEMS) et le projet Augmentation des Revenus Monétaires de Femmes de Dosso (ARMFD) un projet de la Coopération technique belge. Les activités développées sont la mise en place des organes de la mutuelle, les activités de formation des responsables et des prestataires de soins, la négociation et la signature des conventions de prestations de soins. A ce jour la mutuelle de santé compte **750 bénéficiaires** et **2 autres mutuelles de santé** viennent d'être créées à Sargadji et Kogou dans le même district sanitaire qui compte 7 centres de santé à partir du modèle de Loga.

DOCUMENTATION AND REFERENCES:

AWARE-RH Documentation: Dossier technique de la réplication de Tanghin Dassouri et Loga. Rapports d'activité. Rapport d'étude de faisabilité, Abdoulaye Computer, Alex Computer.

OTHER References: Rapport final de l'atelier de Nouackchott.

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AWARE-RH BEST PRACTICE: SF3 – Sustainable Finance

Assure Availability of Maternal and Neonatal Health, Family Planning, Child Survival, and Malaria Commodities through National Commodity Security Plans using SPARHCS

SUMMARY DESCRIPTION: AWARE-RH is promoting sustained availability of maternal and neonatal health (MNH), family planning (FP), child survival, and malaria commodities through development and use of National Commodity Security Plans in selected West African countries. The plans are developed using an approach called SPARHCS, or the Strategic Pathway to Reproductive Health Commodity Security. SPARHCS was developed by the USAID-financed Maximizing Access and Quality Initiative, in which all of the AWARE-RH partners participate. SPARHCS is a flexible approach that can be used for contraceptives alone, for contraceptives and condoms for HIV/STI prevention, or for a still broader set of reproductive health supplies to address needs of MNH, CS, and malaria.

SPARHCS is a consultative process through which a wide range of stakeholders:

- Establish and maintain multisectoral commitment to reproductive health commodity security by raising awareness of and support for it as a public health objective.
- Conduct a multisectoral, joint diagnosis of a country's reproductive health commodity security status.
- Identify factors that limit or enhance the prospects for reproductive health commodity security.
- Process those findings to reach consensus on priorities for improving reproductive health commodity security.
- Develop a comprehensive, multipartner strategy and action plan for reproductive health commodity security that is evidence-based, fundable and feasible.
- Facilitate strategy implementation and guide ongoing monitoring and evaluation of results.

In 2004, 2005 and 2006, AWARE-RH provided technical assistance to establish National Commodity Security Plans in Burkina Faso, Cameroon, Togo, The Gambia and Sierra Leone. These plans are now being implemented.

AWARE-RH DISSEMINATION(S): AWARE-RH has taken the lead in disseminating the SPARHCS model for commodity security in West Africa. In October, 2004, AWARE-RH sponsored a Regional Workshop On Commodity Security Strategic Plan Development in Ouidah, Benin which was attended by representatives from most partner countries. In June 2005, AWARE-RH collaborated with WAHO to convene a Task Force for Development of a West African Health Organization (WAHO) Strategic Plan for Reproductive Health Commodity Security Meeting in Accra, Ghana. AWARE and DELIVER, in collaboration with HPI and UNFPA organized a regional RHCS workshop in Accra, Ghana on January 22-25, 2007 for all countries that have developed reproductive health commodity security plans with support from AWARE and Leadership Technical Institutions in the region to: a) monitor progress in the implementation of Reproductive Health and Family Planning commodities security strategic plans and identify priority areas for support; b) share country experiences of the implementation process; c) create a network of countries implementing these strategic plans; d) establish linkages in the various country plans with the Regional RHCS strategic plan; e) juxtapose available TA in the region to the support needs in countries implementing RHCS.

AWARE-RH also sponsored a West African Regional Workshop on Media Advocacy for Contraceptive Security in May 2005 in Senegal.

AWARE-RH REPLICATION(S): In 2004-2006, AWARE-RH introduced the SPARHCS process for commodity security planning to Cameroon, Togo, The Gambia, Sierra Leone and Burkina Faso. In each of the five countries, over time, AWARE-RH collaborated with national and international partners to:

- Conduct a commodity security workshop to introduce counterparts to contraceptive security issues and the SPARHCS process.
- Conduct a situation analysis on reproductive health commodities.
- Contribute technical and financial assistance to one or more workshops to develop and/or review and/or disseminate national commodity security plans.

In 2006-2007, AWARE-RH is helping to facilitate a similar process in Niger.

Once the plans are developed, AWARE-RH continues to provide technical assistance and on-site training in implementation of the plans. AWARE-RH's assistance includes preparation of annual contraceptive procurement tables, redesign and training of logistics information systems, and provision of training in logistics, stock management and inventory. In addition, AWARE-RH organized some workshops to strengthen capacity of countries and regional institutions to implement RHCS strategic plans and conduct GFTAM activities and improve collaboration with the GFTAM. Some of our LTI has started implementing AWARE activities. CESAG has registered a request from the ACAME (African Central Medical Store Association for training of on Quantimed). CESAG and IRSP are organizing training workshops on drugs management using curriculum AWARE has helped to develop.

DOCUMENTATION AND REFERENCES:

AWARE-RH Documentation: Key AWARE-RH documentation includes:

- **DOUTI K. Monfomba**, 2004. Evaluation de la situation sur la sécurisation de l'approvisionnement des produits contraceptifs au Togo
- **Dr YAP John**, expert/ROS, August 2004, Evaluation de la situation sur la sécurisation de l'approvisionnement des produits contraceptifs au Cameroun
- **Dr Salifo Daniel NACOULMA**, Consultant, Médecin de Santé Publique, July 2005, Analyse situationnelle sur la sécurité de produits de santé de la reproduction au Burkina Faso utilisant l'outil SPARHCS
- **Dr Ndiaye Antoine AWARE-RH, Bornbusch Alan, USAID, 2005.** Baseline assessment of the contraceptive logistic system for the Gambia.
- **Department of State for Health and Social Welfare, The Republic of Gambia.** The Gambia national Reproductive Health Strategic Plan of Action, 2002-2006, DOSH
- **Ministere de la Sante, Burkina** Plan stratégique de sécurisation des produits contraceptifs 2006-2015
- **Ministere de la Santé Publique, Cameroon** Plan stratégique de sécurisation des produits contraceptifs
- **Ministere de la Sante, Togo** Plan stratégique de sécurisation des produits contraceptifs 2006-2010

OTHER References:

<http://www.maqweb.org/sparhcs/index.shtml>
deliver_info@jsi.com.